

## **OVERVIEW AND FINDINGS**

### **Program Description**

The Child Health and Disability Prevention (CHDP) program provides comprehensive health assessments for the early detection and prevention of disease and disabilities in low-income children and youth as mandated by Section 124025 of the Health and Safety Code. A complete health assessment consists of a health history, physical examination, developmental assessment, nutritional assessment, dental assessment, vision and hearing tests, tuberculin test, laboratory tests, immunizations, health education/anticipatory guidance, and referral for any needed diagnosis and treatment.

CHDP is responsible for resource and provider development to ensure that high quality services are delivered and accessible to children; outreach to target populations to increase participation; and health education to community agencies and residents to increase the knowledge and acceptance of preventive services. The program is financed and has standards established at the state level and is operated at the local level by health departments in each county and the cities of Berkeley, Long Beach and Pasadena.

CHDP oversees the screening and follow-up components of the federally-mandated Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program for Medi-Cal eligible children and youth; provides preventive health assessments for non-Medi-Cal eligible children; and collaborates with schools to meet the requirements of the school entry program, which is that all children entering the first grade or kindergarten have either a certificate of health examination or a waiver on file at their school.

### **Children Served by CHDP**

This report on health assessments is based on information obtained from providers completing the CHDP Confidential Screening and Billing Report forms (PM 160), which were submitted to the CHDP fiscal intermediary for dates of services from July 1, 2002, through June 30, 2003.

Information from three versions of the Confidential Screening and Billing Report form (PM 160) is used in this report. Providers for most Medi-Cal Fee-For-Service (FFS) and State-funded health assessments use the standard PM 160. Head Start and State Preschool programs use a PM 160 designed specifically for billing and reporting the delivery of preventive health care services to children enrolled in the programs. The "Information-Only" PM 160 is used to report early and periodic screening services rendered to children with Medi-Cal benefits. This includes children enrolled in managed care plans and children receiving CHDP preventive health services through Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Indian Health Services, Memorandum of Agreement (IHS/MOA) Clinics. Because the Information Only PM 160 is not used as a billing form, the data are not edited by the fiscal

intermediary, and therefore may be less reliable than data reported on the other PM 160 forms.

As noted in Table 1 during Fiscal Year (FY) 2002-03, the CHDP program provided preventive health services to an estimated 2,114,480 children (unduplicated count) during 3,009,067 visits, an average of 1.4 visits per child. This unduplicated count of children (see unduplication method later in this section), based on county of residence, was for claims submitted for dates of service occurring between July 1, 2002, through June 30, 2003.

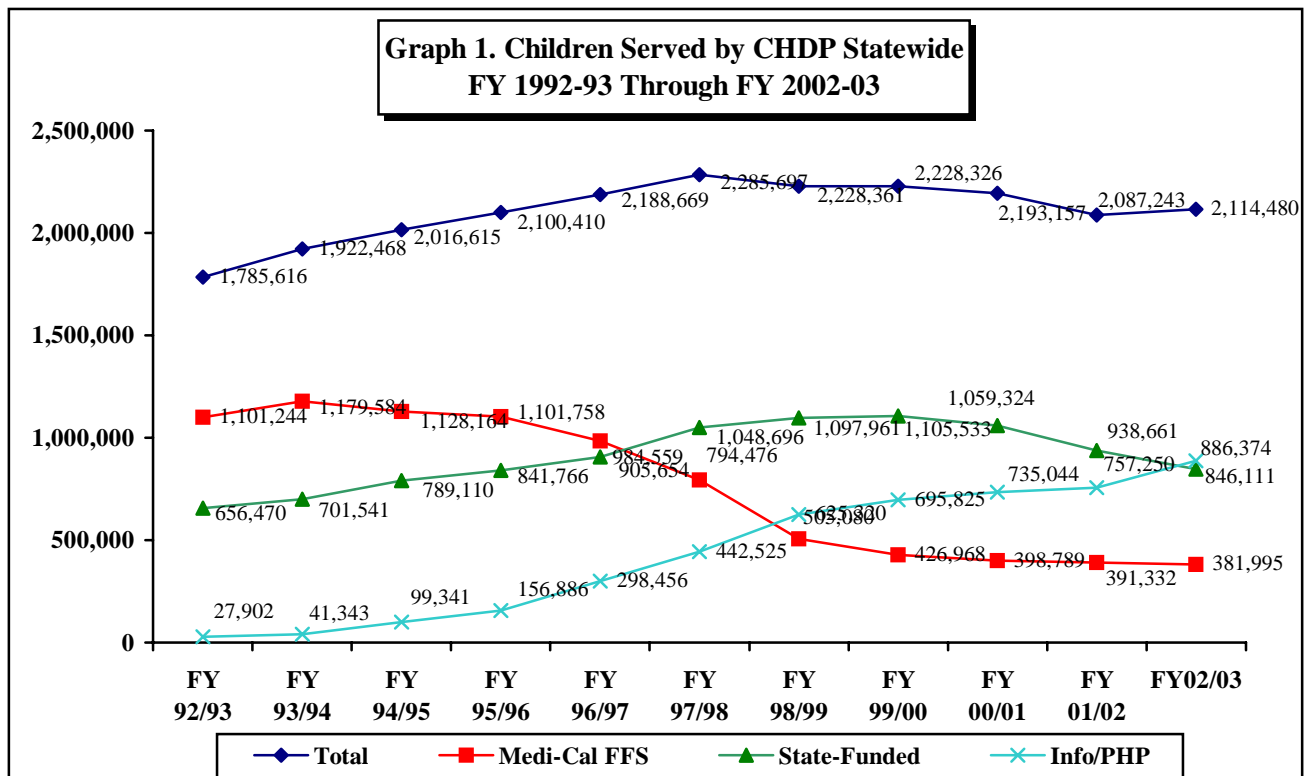
From FY 1992-93 to FY 1997-98 there was a gradual increase in the number of children served by CHDP. Overall, these changes represent an average increase of 5.1 percent per fiscal year (see Table 1). From FY 1998-99 to FY 2001-02, the total children served by CHDP slightly decreased. This decline may have been attributable to children being transferred to other health care programs, such as Healthy Families, or due to under-reporting of complete or partial CHDP preventive health assessments provided by Medi-Cal Managed Care (MCMC) Plans, FQHCs, RHCs, and IHS/MOA clinics. In FY 2002-03, however, 27,237 more children were served by CHDP program than in FY 2001-02.

**Table 1. Number and Percent Change for Children Served by CHDP  
from FY 1993 to 2003**

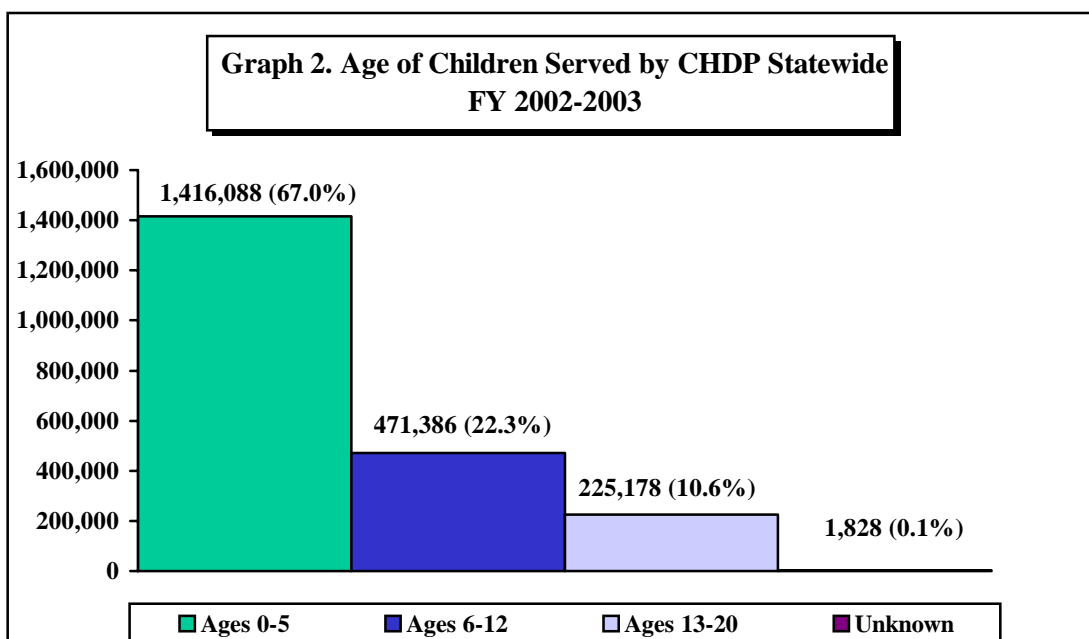
<b>Fiscal Year</b>	<b>Children Served</b>	<b>Number Change Compared to Previous Fiscal Year</b>		<b>Percent Change From Previous</b>
1992-93	1,785,616			
1993-94	1,922,468	1993/94 - 1992/93	136,852	7.7
1994-95	2,016,615	1994/95 - 1993/94	94,147	4.9
1995-96	2,100,410	1995/96 - 1994/95	83,795	4.2
1996-97	2,188,669	1996/97 - 1994/95	88,259	4.2
1997-98	2,285,697	1997/98 - 1996/97	97,028	4.4
1998-99	2,228,361	1998/99 - 1997/98	-57,336	-2.5
1999-00	2,228,326	1999/00 - 1999/98	-35	0.0
2000-01	2,193,157	2000/01 - 1999/00	-35,169	-1.6
2001-02	2,087,243	2001/02 - 2000/01	-105,914	-4.8
2002-03	2,114,480	2002/03 - 2001/02	27,237	1.3

Among the funding sources, the numbers shifted away from FFS to managed care in FY 2002-03. A total of 9,337 fewer children with Medi-Cal FFS were reported as receiving services in FY 2002-03, a 2.4 percent decline, whereas 129,124 more CHDP services were reported for children via the Information Only/Prepaid Health Plan PM 160 (Info/PHP), a 17.1 percent increase. For children receiving CHDP services using

State-only funds, 92,550 fewer children were served in FY 2002-03, a 9.9 percent decrease (see Graph 1).

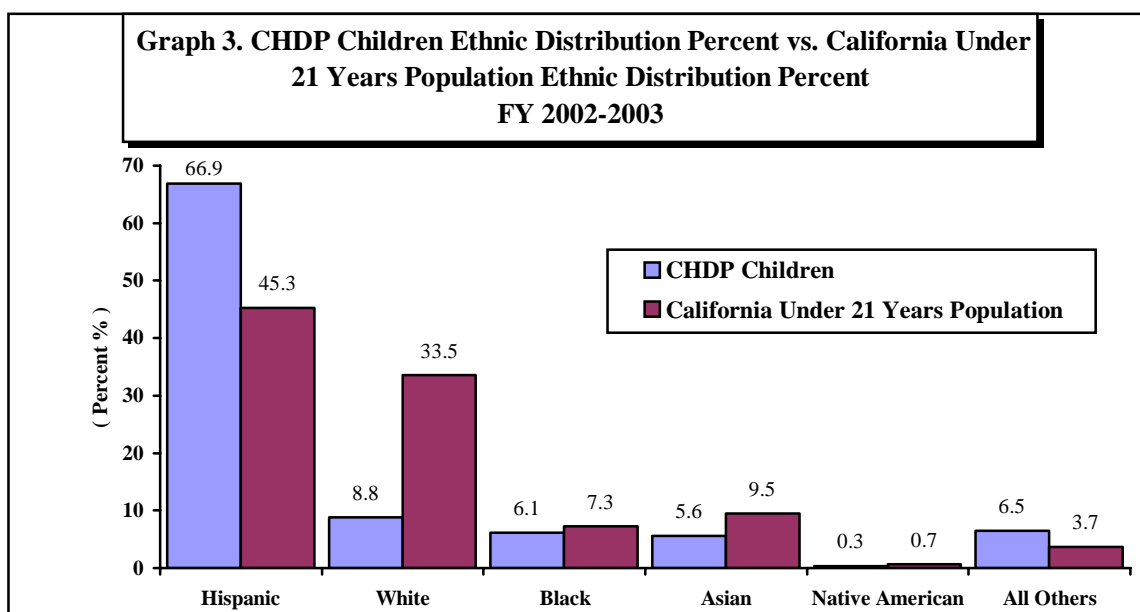


Of the 2,114,480 children served by CHDP, 67.0 percent were age 0 to 5, 22.3 percent were age 6 to 12, 10.6 percent were age 13 to 20 and 0.1% children did not identify their age (see Graph 2).



During FY 2002-03, the CHDP program provided services to 1,041,003 (49.2 percent) females and 1,062,651 (50.3 percent) males. Gender was not indicated for 10,826 (0.5 percent) of the children. These proportions are unchanged from those reported in FY 2001-02. (See Table 73, page 88).

Of the 2,114,480 children served by the CHDP program, 66.9 percent were Hispanic, 8.8 percent were White, 6.1 percent were Black, 5.6 percent were Asian, 0.3 percent were Native American and 6.5 percent were Other (i.e., Filipino, Pacific Islander and Other). There were 5.7 percent of the children served whose ethnicity was not reported for CHDP in FY 2002-03. These proportions changed  $\leq 1$  percent from the proportions reported in FY 2001-02.



The ethnic distribution of children receiving CHDP services in FY 2002-03 was different from the ethnic distribution of the California under 21 years old population estimation for year 2003. According to the California Department of Finance estimation of population for children under 21 years, 45.3 percent of the California population under 21 was Hispanic, 33.5 percent were White, 7.3 percent were Black, 9.5 percent were Asian, 0.7 percent was Native American and 3.7 percent were others (see Graph 3).

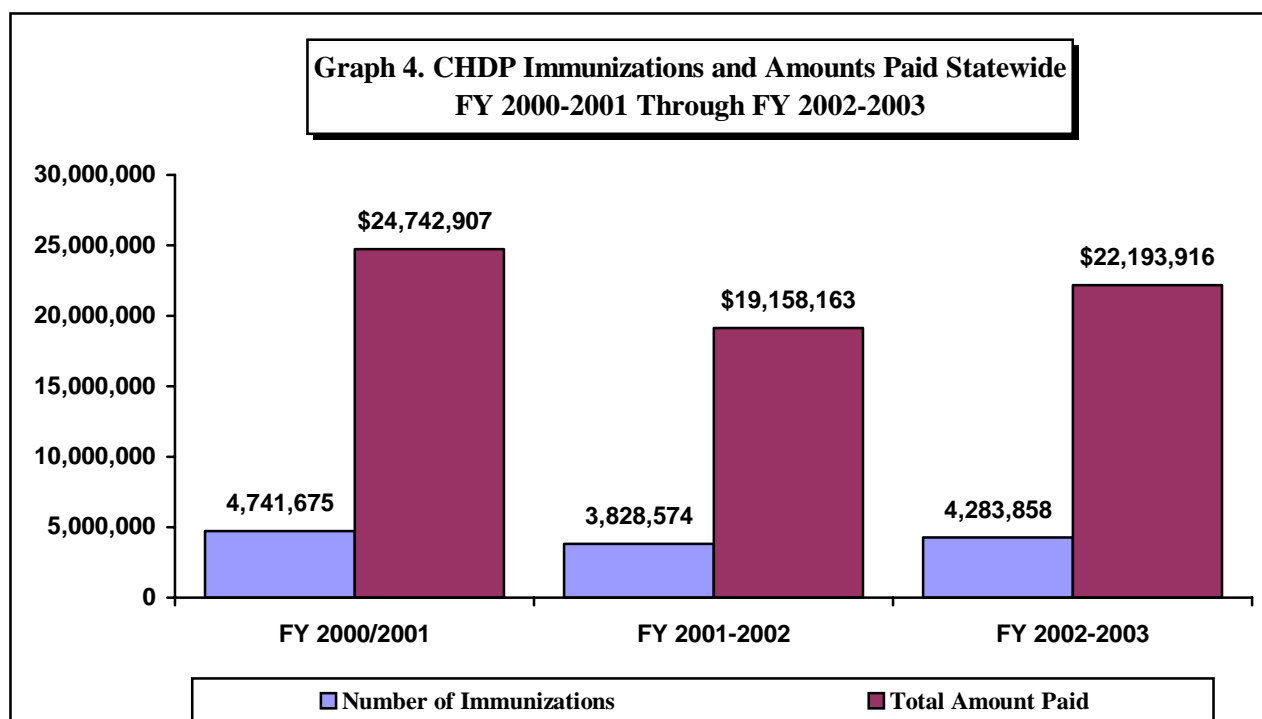
### **Immunizations**

The CHDP program provided 4,283,858 individual immunizations in FY 2002-03. This number is 455,284 more than the immunizations provided in FY 2001-02 and represents an 11.9 percent increase (See Graph 4).

The amount paid for CHDP immunizations during FY 2002-03 totaled \$22,193,916, an increase of \$3,035,303 (15.8 percent) from the \$19,158,613 paid in FY 2001-02, but less than the amount paid in FY 2000-01. The average cost per

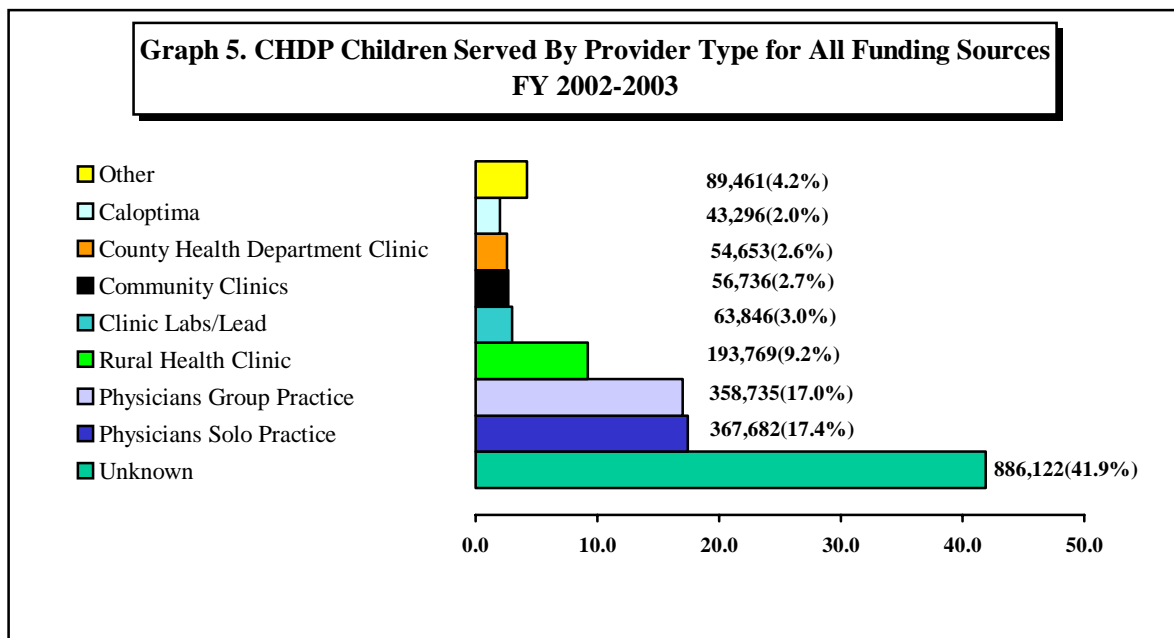
immunization was \$8.89 in FY 2002-03, a 14.7% increase from the \$7.75 average in FY 2001-02.

The cost of an immunization is composed of two parts: the administration fee, and the cost of the vaccine. In the CHDP program, the federal Vaccines-for-Children (VFC) program supplies the majority of vaccines for children up to 19 years of age. Therefore, the average cost of vaccines represents primarily the administration fee and the costs for the few vaccines that providers must purchase directly.



### Type of Providers

During FY 2002-03, 21 provider types (including one category unknown) provided CHDP services to children. Among the various provider types, Physician Solo Practices provided 17.4 percent of the services, 17.0 percent by Physician Groups, and 9.2 percent by Rural Health Clinics, 3.0 percent by Clinic Labs/Lead, 2.6 percent by County Health Department Clinics, and 2.7 percent by Community Clinics. All other provider types provided the remaining 48.2 percent of the services. These proportions vary slightly from those reported in FY 2001-02, with a 5.4 percent increase in the all other provider types category. This increase corresponds to the increased CHDP services reported by Medi-Cal Managed Care plans. (See Table 46 - Statewide Summary of CHDP Provider Types and Amount Paid, page 57 and Graph 5).

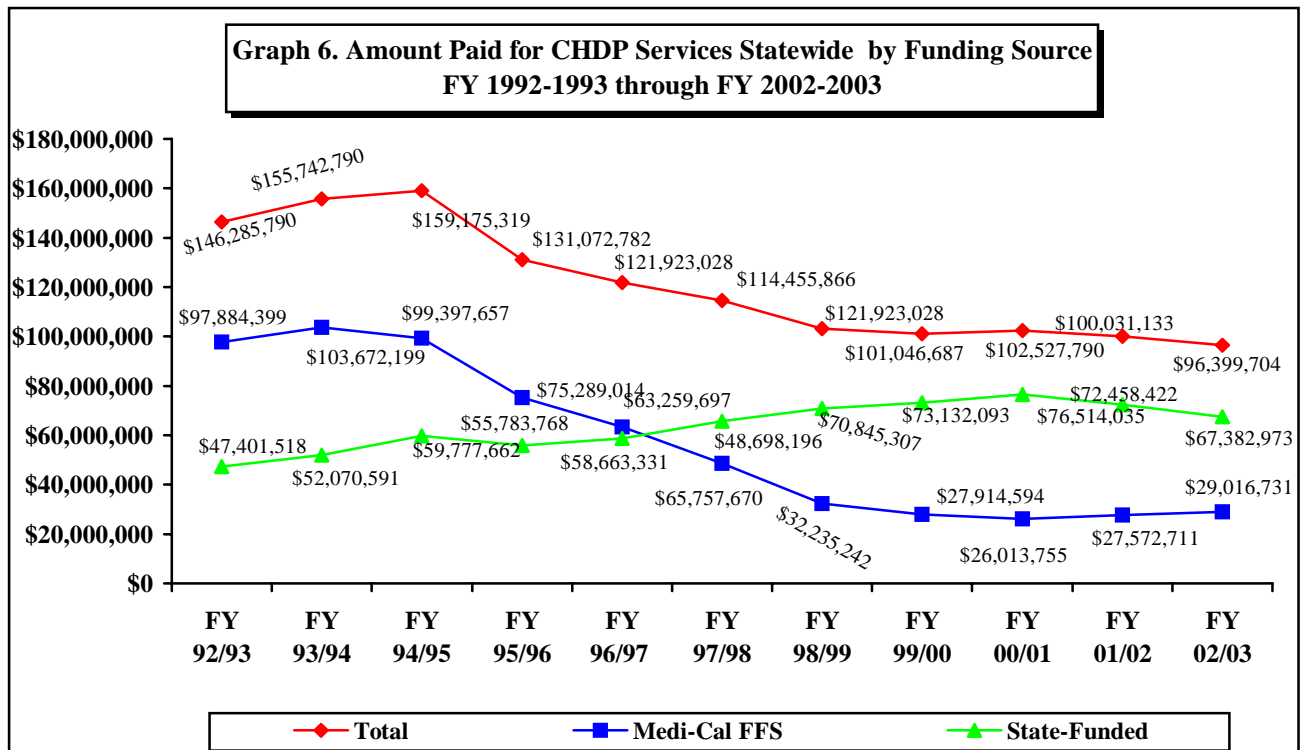


## **Expenditures**

During FY 2002-03, a total of \$96,399,704 was paid for both Medi-Cal Fee-For-Service (FFS) and State-funded CHDP preventive health examinations (See Graph 5). This is a decrease of \$3,631,429 (3.6 percent) from the \$100,031,133 paid in Fiscal Year 2001-2002.

Of the \$96,399,704 paid for CHDP services, \$29,016,731 was paid for services to 381,995 children with Medi-Cal FFS at an average cost of \$76.96 per child. These children accounted for a total of 508,220 visits funded by Medi-Cal at an average cost of \$57.09 per visit. The number of children for whom services were paid by Medi-Cal FFS represents a 2.4 percent decrease from the 391,332 children served in Fiscal Year 2001-2002 (See Graph 6). This shift can be partially attributed to the transition of children to MCMC (Medi-Cal Managed Care) Health Plans.

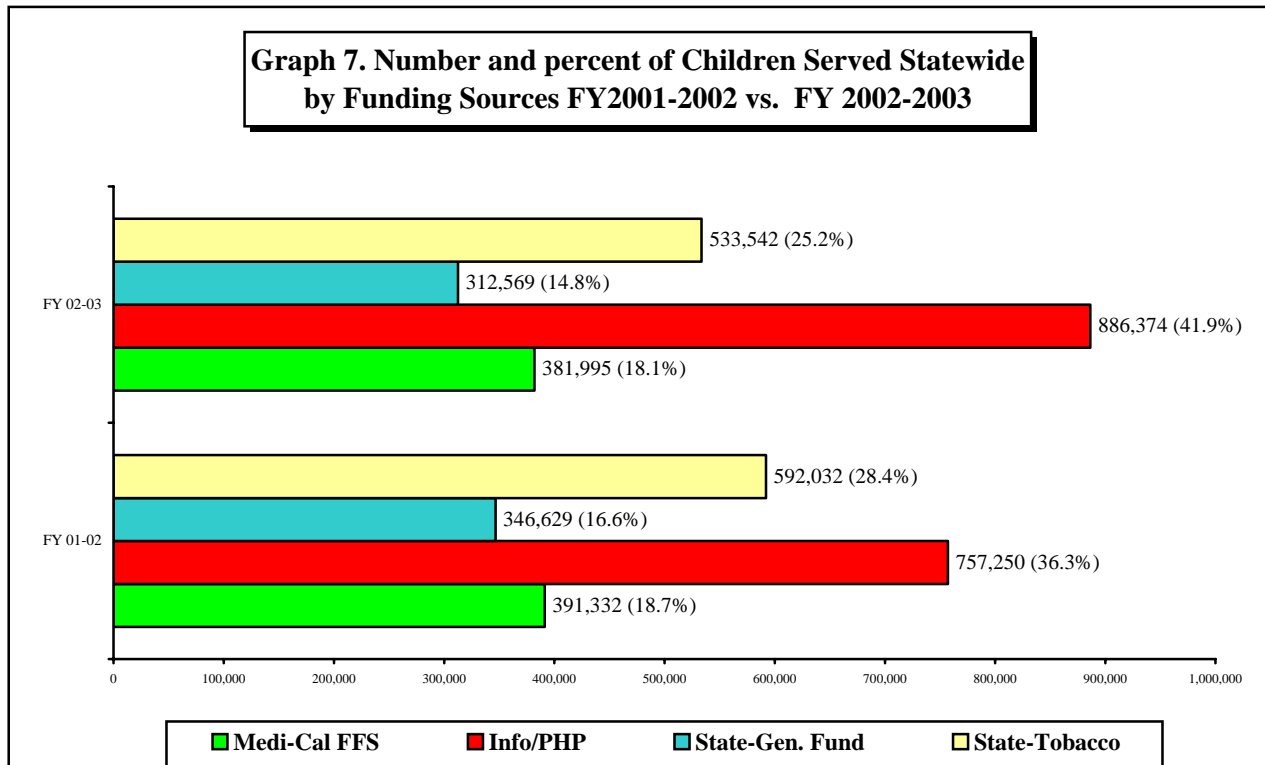
Over the years, the Medi-Cal program has been undergoing a gradual transition from Medi-Cal FFS to MCMC in the most populated counties. MCMC providers are required to submit an "Information-Only" PM 160 when children receive a CHDP examination to report their early and periodic screening. In FY 2002-03, 886,374 children were served by the CHDP program as reported on the Info/PHP form, a 17.1 percent increase over FY 2001-02. This includes children receiving services through FQHCs, RHCs, and IHS/MOA clinics. Because the PM 160 "Information-Only" form is used as a reporting form rather than a billing form, expenditure data are unavailable for this group of children and cannot be included in calculating the average cost per child for CHDP services.



Although the number of CHDP services delivered by MCMC Plans, FQHCs, RHCs, and IHS/MOA clinics has continued to increase, an unknown percentage of those services may remain unreported through the “Information-Only” PM 160 forms. There may be significant under-reporting because the “Information-Only” PM 160 is not used for reimbursement.

For State-funded CHDP services, providers were paid \$67,382,973 for CHDP preventive health exams and services to 846,111 children during 1,169,934 visits. The average cost per child was \$79.64 and \$57.60 per visit (see Graph 6). These costs were \$5,075,449 (7.0 percent) less than the \$72,458,422 amount paid to providers in FY 2001-02 for CHDP preventive health exams and services.

State-funded CHDP services are paid from two sources: the State General Fund and the Proposition 99 Tobacco Tax. In FY 2002-2003, 36.9 percent (312,569 children) of state-funded children received services paid from the State General Fund and 61.1 percent (533,542 children) received services paid from the State Tobacco Tax Funds. The proportion of children receiving CHDP services paid for by State Tobacco Funds out of all funding sources is 25.2 percent in FY 2002-2003, which is a decrease when compared to 28.4 percent in FY 2001-02 (see Graph 7).

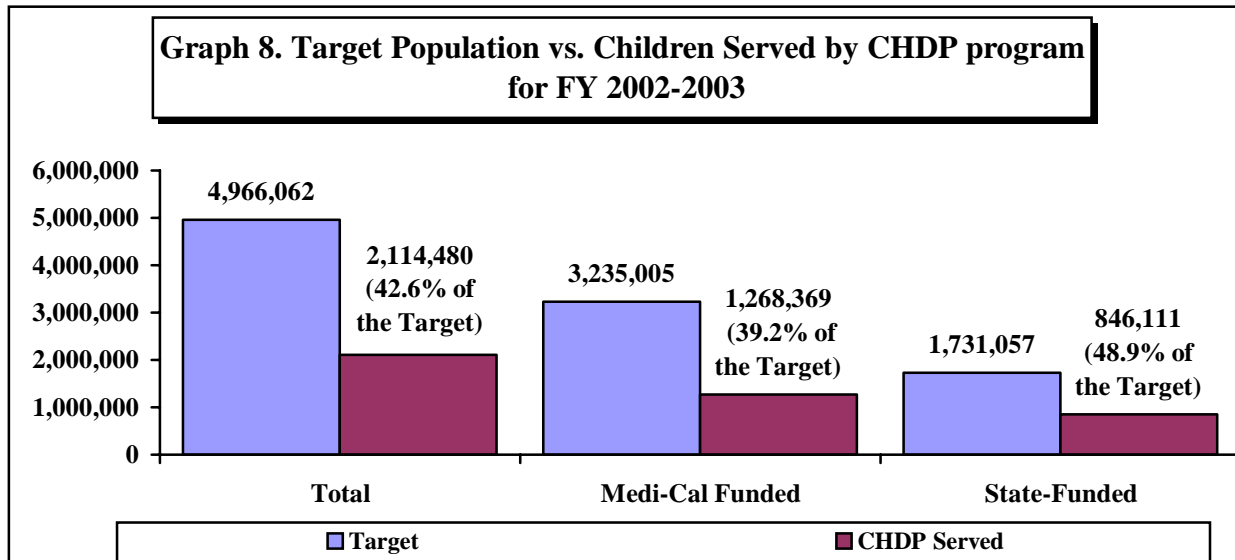


## Target Population

The CHDP target population is comprised of (1) children eligible for Medi-Cal FFS less than 21 years of age, and (2) non Medi-Cal eligible children under 19 years of age from families with incomes under 200 percent of the FPL and residing in California. Children that meet these criteria qualify for health assessments through the CHDP program.

The CHDP estimated total target population for FY 2002-03 was 4,966,062. The total number of children served (2,114,480) accounted for 42.6 percent of the target population. The Medi-Cal funded estimated target population was 3,235,005, of which 1,268,369 (39.2%) were served by CHDP program. The State-funded estimated target population was 1,731,057, of which 846,111 (48.9%) were actually served by the CHDP program (see Graph 8).

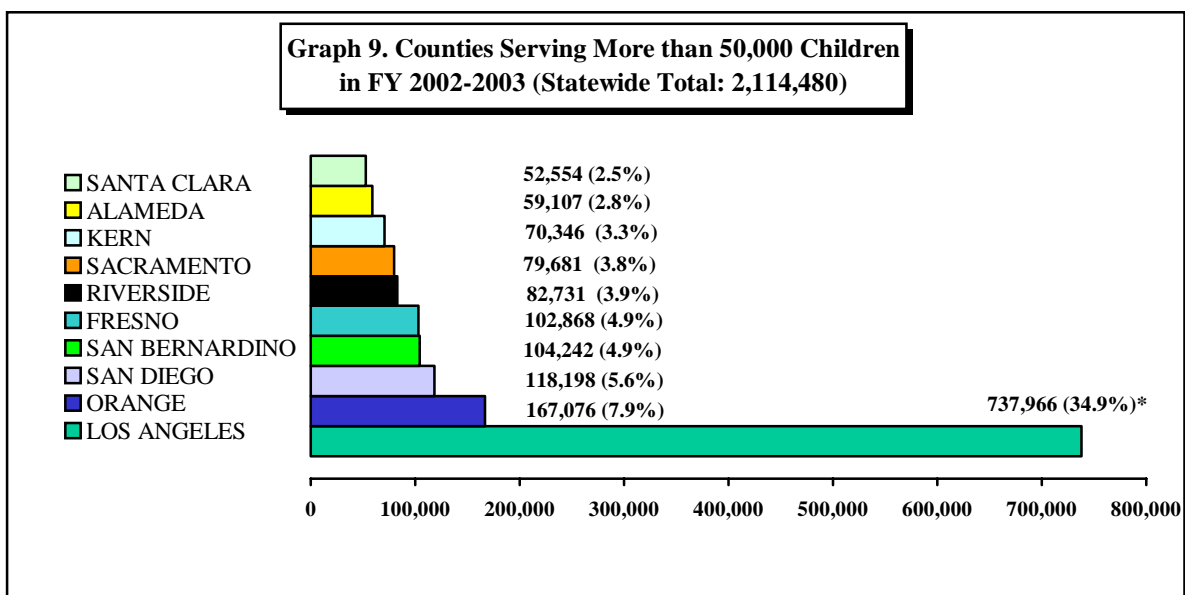




For a complete listing of the target population in each county, including the Medi-Cal and State-funded target population, and the number of children served in FY 2002-03, see Table 71 – CHDP Children Served vs. Target population by Source and County/City (page 86).

### Counties Serving Over 50,000 Children

During FY 2002-03, ten counties provided over 50,000 children with CHDP services. Los Angeles, Orange, San Diego, San Bernardino, Fresno, Riverside, Sacramento, Kern, Alameda and Santa Clara counties served approximately 74.5 percent of the children statewide or 1,574,769 children. Los Angeles served the most children at 737,966, representing 34.9 percent of the children statewide. (Note: the Los Angeles County numbers exclude the cities of Long Beach and Pasadena, which report



separately) (see Graph 9).

\* Percentage of total number children served.

### **Unduplication Method**

Because more than one PM 160 form may be submitted for an individual child, and a child may have more than one exam, an unduplication method was used to determine the total number of children served.

The following methodology was used to calculate an unduplicated count of children served in Fiscal Year 2002-03.

- Medi-Cal Fee-For-Service claims are unduplicated by counting children with Medi-Cal Identification Number as one child. This may result in an over count of children because some children have more than one Medi-Cal identification number during a given year.
- State-funded and Info/PHP claims are unduplicated using the child's name and birth date and counting children with the matching names and birth dates as one child. This may result in an undercount for children with the same name and same birth date.

Due to the limitations of identifying fiscal year information, the unduplication method results in an estimate of children served.